Massachusetts Department of Environmental Protection
Bureau of Waste Prevention
Underground Storage Tank (UST) Program

UST - Third-Party Inspection Form

MassDEP Facility Account #

DFS Facility ID #

Check off desired inspection type.

☐ **New Facility Inspection** ☐ **Three Year Inspection**

☐ **New Tank Inspection**

A. Basic Inspection Information

a. Date of Inspection (MM/DD/YYYY) | b. MassDEP Third-Party Inspector (TPI) Number

c. Third-Party Inspector (TPI) Name

d. Company Name, if applicable

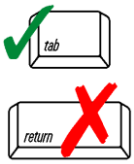
e. Address 1

f. Address 2

g. City/Town | h. State | i. Zip Code

j. Primary Contact Phone Number | k. Email Address

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



B. Verify Owner/Operator Information

Note: If Owner or Operator information has changed, the owner must submit an amended Registration Form.

1.0 Legal Owner of Underground Storage Tank(s)

a. Individual/Organization Name

b. Contact Name

c. Address 1 – Note: Enter mailing address of Owner.

d. Address 2

e. City/Town | f. State | g. Zip Code

h. Primary Contact Phone Number | i. Emergency Phone Number

2.0 Operator of Underground Storage Tank(s)

Check box if operator is same as UST Owner ☐

a. Individual/Organization Name

b. Contact Name

c. Address 1 – Note: Enter mailing address of Operator.

d. Address 2

e. City/Town | f. State | g. Zip Code

h. Primary Contact Phone Number | i. Emergency Phone Number

Massachusetts Department of Environmental Protection
Bureau of Waste Prevention
Underground Storage Tank (UST) Program
UST - Third-Party Inspection Form

MassDEP Facility Account #

DFS Facility ID #

C. Verify Facility Information

Note: If Facility information has changed, an amended Registration Form must be submitted by the owner.

1.0 Facility Location & Description

a. Facility Name

b. Address 1 – Note: Enter physical street address (no P.O. boxes).

c. Address 2

d. City/Town | e. County | f. State | g. Zip Code

h. Phone Number at Facility

i. Is there a site or plot plan of the facility that shows all USTs, related components, buildings and proximate locations of any public or private well and of any body of surface water within 500 feet of the facility? ☐ Yes ☐ No If No, attach a site/plot plan or hand-drawn sketch.

j. Is emergency shut-off device or electrical disconnect clearly identified? (device is usually located inside the building) ☐ Yes ☐ No

2.0 Permit and Tank Status Information

Enter P (Pass), PC (Pass with Correction), F (Fail), or N/A (Not Applicable) unless otherwise specified

Note: Certificate will refer to license to store flammable and combustible liquids issued by the local licensing authority (Form FP-2).

a. Is a current Certificate of Registration (Form FP-5) on-site or readily available for review?

b. Is a current permit to maintain a new or existing UST facility (Form FP-290 Part 3) conspicuously posted or kept on the premises?

Note: Unless it is a very large facility, (e.g. military installation or airport), there will be only one group of USTs.

c. How many USTs are at the facility? Number

d. How many DEP-assigned groups of USTs are at the facility? Number

e. Is the most recent MassDEP UST Registration Form on-site or readily available for review?

f. Are all regulated USTs registered with MassDEP? ☐ Yes ☐ No If No, all non-exempt USTs must be registered.

Note: If tank is not registered, owner must submit UST Tank Registration Form. Phantom tanks need to be removed. Use Change of Tank Status form.

Note: If No, owner must submit UST Change of Status or a UST Registration Form.

	Tank ID: _____	**Tank ID: _____**	**Tank ID: _____**	**Tank ID: _____**
g. Indicate current tank status:				
In Use	☐	☐	☐	☐
Not Registered/In Use	☐	☐	☐	☐
Temporarily Out of Service	☐	☐	☐	☐
Removed	☐	☐	☐	☐
Permanently Closed in Place	☐	☐	☐	☐
Not Registered/ 'phantom' tank	☐	☐	☐	☐
h. Does current UST status match MassDEP registration data?				

Continue to Next Page ►

C. Verify Facility Information (continued)

Summary of Permit and Tank Status Information	*Passes if questions a - c and e - f are Pass and tank is properly registered*
i. Roll-up for Permit and Tank Status Information Section	

j. Itemized List of Deficiencies/Corrections (list by question number; continue on separate attachment, if necessary):

k. Itemized List of Recommendations (list by question number; continue on separate attachment, if necessary):

Massachusetts Department of Environmental Protection
Bureau of Waste Prevention
Underground Storage Tank (UST) Program
UST - Third-Party Inspection Form

MassDEP Facility Account #

DFS Facility ID #

D. UST System Basic Description, Construction and Observation Details

*Complete this section for each tank **or** each tank compartment, as applicable, on the site. Make additional copies, if needed. Place unique, MassDEP-assigned Tank ID number at top of each column.*

Note: Each tank compartment must have unique MassDEP Tank identification number (e.g. 2a, 2b).

1.0 Tank Basic Description

	Tank ID: _____	**Tank ID: _____**	**Tank ID: _____**	**Tank ID:_____**
a. Owner's Designation (e.g. Middle Tank, Waste Oil, etc.)				
b. MassDEP Regulated Object Name (if known)				
c. Tank Serial Number (if known)				
d. Date of Installation (MM/DD/YYYY; *enter 05/08/1986 if unknown*;)				
e Date of most recent TPI inspection of this UST (MM/DD/YYYY)				
f. Is this a split (compartment) tank?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
g. Capacity of UST/compartment (Gallons)				
h. Contents/Regulated Substance:				
Gasoline	☐	☐	☐	☐
Diesel	☐	☐	☐	☐
Biodiesel	☐	☐	☐	☐
E 85	☐	☐	☐	☐
#2 Fuel Oil	☐	☐	☐	☐
#4 Fuel Oil	☐	☐	☐	☐
#6 Fuel Oil	☐	☐	☐	☐
Kerosene	☐	☐	☐	☐
Jet Fuel	☐	☐	☐	☐
Aviation Gasoline	☐	☐	☐	☐
Lube Oil	☐	☐	☐	☐
Motor Oil	☐	☐	☐	☐
Waste Oil	☐	☐	☐	☐
Hazardous Material*	☐	☐	☐	☐
Hazardous Waste*	☐	☐	☐	☐
Other*	____	____	____	____
i. If storing gasoline or diesel, what is its use?				
Motor Vehicle	☐	☐	☐	☐
Marina	☐	☐	☐	☐
Aviation	☐	☐	☐	☐
Railroad	☐	☐	☐	☐
Emergency Power Generation	☐	☐	☐	☐
Other	____	____	____	____
** Only If hazardous material(s), hazardous waste(s) or other regulated substance(s) are checked in question h above, complete all applicable fields below*				
j. Hazardous Material(s): CAS number(s)				

Continue to Next Page ►

D. UST System Basic Description, Construction and Observation Details (continued)

1.0 Tank Basic Description (continued)

Note:
▪If hazardous substance is a single chemical, enter CAS Number.
▪For hazardous waste, enter RCRA Number.
▪For a mixture of substances, enter Product Name(s) and CAS Number(s) for constituents listed on Material Safety Data Sheet.

	Tank ID: _____	Tank ID: _____	Tank ID: _____	Tank ID: _____
k. Hazardous Waste(s): RCRA Number(s)				
l. Mixture of Substances: Product Name(s) / CAS Number(s)				
m. If Other Regulated Substance, please describe				
n. The following exemption categories are applicable to this UST:				
Farm/residential <1100 gals	☐	☐	☐	☐
Consumptive Use <1100 gals	☐	☐	☐	☐
Consumptive Use >1100 gals	☐	☐	☐	☐
Installed pre-1989	☐	☐	☐	☐
Hazardous Waste	☐	☐	☐	☐
Marina	☐	☐	☐	☐
Waste Oil connected to burner	☐	☐	☐	☐
Waste Oil with continuous leak detection	☐	☐	☐	☐
Emergency Power Generation	☐	☐	☐	☐

2.0 Tank Construction Details

Note: Complete for each tank.

Note: Bare steel tanks must be either cathodically protected, lined, or removed.

Note: USTs installed on or after 1/1/1989 must be double-walled.

Note: Tanks could be relined until August 8, 2007.

	Tank ID: _____	Tank ID: _____	Tank ID: _____	Tank ID: _____
a. Tank construction material:				
Bare Steel	☐	☐	☐	☐
Cathodically Protected Steel	☐	☐	☐	☐
Fiberglass Reinforced Plastic (FRP)	☐	☐	☐	☐
Composite (Steel w/Fiberglass Reinforced Plastic)	☐	☐	☐	☐
Composite(Steel-High Density Polyethylene HDPE)	☐	☐	☐	☐
Concrete	☐	☐	☐	☐
Other	_____	_____	_____	_____
b. Type of tank construction:				
Single-Walled	☐	☐	☐	☐
Double-Walled	☐	☐	☐	☐
Other	_____	_____	_____	_____
c. Was the tank re-lined?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
d. Does the tank's excavation zone have a secondary impermeable barrier?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Continue to Next Page ►

D. UST System Basic Description, Construction and Observation Details (continued)

3.0 Product Piping Construction and Condition

Notes:
▪ For piping systems that have been partially replaced, the inspection report must be completed for the least compliant/ oldest sections of pipe.

▪As of 12/22/1998, all bare steel piping must have been cathodically protected or removed.

▪All piping installed on or after 1/1/1989 must have secondary containment or be European Suction.

	Tank ID: ____	Tank ID: ____	Tank ID: ____	Tank ID:____
a. Product piping construction material:				
Bare Steel	☐	☐	☐	☐
Cathodically Protected Steel	☐	☐	☐	☐
Fiberglass Reinforced Plastic (FRP)	☐	☐	☐	☐
Copper	☐	☐	☐	☐
Flexible	☐	☐	☐	☐
Other	____	____	____	____
b. Product piping type of construction:				
Single-Walled	☐	☐	☐	☐
Double-Walled	☐	☐	☐	☐
Other	____	____	____	____
c. Product piping type (check only one):				
Pressurized	☐	☐	☐	☐
Suction w/ check valve at dispenser (European)	☐	☐	☐	☐
Suction w/ check valve at tank (non-European)	☐	☐	☐	☐
Gravity Head at Dispenser (gravity fed)	☐	☐	☐	☐
d. How many product runs are there per tank or compartment? (number)				
e. For gravity fed systems *only*, is solenoid valve installed? *(enter P, PC, F, or N/A)*				
f. Have sections of piping been repaired or replaced since last TPI Inspection? *If Yes, describe below*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
g. Indicate on site plan where piping was repaired or replaced.				
h. For flexible piping *only*, were any of following conditions observed: swelling, elongation, kinking, wrinkling, blistering, delaminating, softness, mold growth, or other abnormalities? *(enter P, PC, F, or N/A)*				

Summary for Product Piping Construction and Condition *Passes if questions e and h are Pass or N/A*				
i. Roll-up for Product Piping Construction and Observations				

j. Itemized List of Deficiencies/Corrections (list by question number; continue on separate attachment, if necessary):

k. Itemized List of Recommendations (list by question number; continue on separate attachment, if necessary):

Continue to Next Page ►

D. UST System Basic Description, Construction and Observation Details (continued)

4.0 Not in Use USTs

Complete appropriate subsection below (4.1 or 4.2) for each UST only if the UST is currently in that status.

4.1 Temporarily Out of Service (TOS) *If this Section is not needed, check box:* ☐

Note: Single-wall tanks taken temporarily out of service (TOS) must be returned to use or removed within 6 months of TOS date. Double-wall tanks must be returned to use or removed within 24 months of TOS date.

Enter P, PC, F, or N/A unless otherwise specified	**Tank ID: _____**	**Tank ID: _____**	**Tank ID: _____**	**Tank ID:_____**
a. Date UST taken out of service. (MM/DD/YYYY)				
b. Is UST within calculated end date for being Temporarily Out of Service?				
c. Is corrosion protection operational?				
d. Is the UST (including piping) empty?				
e. All regulated content removed from UST and managed in accordance with applicable regulations?				
f. Fill pipe locked/secured?				
g. Was UST rendered inert?				
h. Is documentation available to show that local fire department was notified of UST being taken temporarily out of service?				

Summary forTemporarily Out of Service	*Passes if questions b – h are Pass*			
i. Roll-up for Temporarily Out of Service Section				

j Itemized List of Deficiencies/Corrections (list by question number; continue on separate attachment, if necessary):

k. Itemized List of Recommendations (list by question number; continue on separate attachment, if necessary):

Continue to Next Page ►

D. UST System Basic Description, Construction and Observation Details (continued)

Note: Since last TPI inspection, if UST status is now 'removed' or 'permanently closed', complete this section. These questions are only relevant one time per UST.

4.2 Removed, Permanently Closed In Place, or Not Registered/Not in Use — *If this Section is not needed, check box:* ☐

Enter P, PC, F, or N/A unless otherwise specified	**Tank ID: ____**	**Tank ID: ____**	**Tank ID: ____**	**Tank ID:____**
a. Based on documentation provided, was UST removed or permanently closed in place in accordance with the regulations?				
b. UST capacity (Gallons)				
c. Substance last stored				
d. Last date of use (MM/DD/YYYY) – *Estimate if unknown*				
e. Date UST removed or closed in place (MM/DD/YYYY)				
f. Final disposition of tank (check one): removed from ground / closed in place	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
g. *If removed*, was the tank replaced with another tank?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
h. *If closed in place*, did registered professional engineer verify removing this UST would threaten structural integrity of building or another UST?				
i. *If closed in place*, was tank filled with appropriate material (e.g. concrete slurry mix or approved inert material)?				
j. Final disposition of piping *(check one):* closed in place / removed from ground / replaced / unknown	☐ / ☐ / ☐ / ☐	☐ / ☐ / ☐ / ☐	☐ / ☐ / ☐ / ☐	☐ / ☐ / ☐ / ☐
k. Prior to closure or within 24 hours of removal of tank/piping, did owner or operator measure for presence of a release of oil or hazardous materials to the environment?				

Summary for Removed, Permanent Closed, or Not Registered/Not in Use — *Passes if questions a, h, i and k are Pass or N/A*

l. Roll-up: Removed, Permanently Closed, or Not Registered/Not in Use Status				

m. Itemized List of Deficiencies/Corrections (list by question number; continue on separate attachment, if necessary):

n. Itemized List of Recommendations (list by question number; continue on separate attachment, if necessary):

Continue to Next Page ►

D. UST System Basic Description, Construction and Observation Details (continued)

5.0 UST System Installation Compliance

If this Section is not needed, check box: ☐

Complete this section ONLY if there has been substantial modifications or a new installation of a UST System or component since the last TPI inspection.

Note: Use "N/A" if equipment has not changed or has not been newly installed since the most recent TPI inspection.

Enter P, PC, F, or N/A unless otherwise specified	**Tank ID: _____**	**Tank ID: _____**	**Tank ID: _____**	**Tank ID:_____**
a. Have all manufacturers' installation checklists been fully completed for the following UST system elements?				
i. Tank & Piping				
ii. Corrosion Protection for Tank & Piping				
iii. Leak Detection for Tank & Piping				
b. Indicate who inspected the UST installation *(check all that apply)*.	☐ TPI ☐ PE ☐ Fire	☐ TPI ☐ PE ☐ Fire t	☐ TPI ☐ PE ☐ Fire	☐ TPI ☐ PE ☐ Fire
c. Was installation carried out in accordance with manufacturer's recommendations, accepted engineering practices, and the regulations?				

Note:
TPI = Third Party Inspector
PE =registered professional engineer
Fire = local Fire Dept

Summary for UST Installation Compliance	*Passes if questions a –d are Pass or N/A*			
d. Roll-up for UST Installation Compliance				

e. Itemized List of Deficiencies/Corrections (list by question number; continue on separate attachment, if necessary):

f. Itemized List of Recommendations (list by question number; continue on separate attachment, if necessary):

6.0 Dispenser Information

If this Section is not needed, check box: ☐

Note: dispensers installed after 3/21/08 must have a sump.

Enter P, PC, F, or N/A unless otherwise specified	**Tank ID: _____**	**Tank ID: _____**	**Tank ID: _____**	**Tank ID:_____**
a. Is dispenser equipped with a dispenser sump?				
b. Is sump monitoring for presence of liquids?	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A
c. Is sump clean and free of debris and liquid?				

Continue to Next Page ►

D. UST System Basic Description, Construction and Observation Details (continued)

6.0 Dispenser Information (continued)

Enter P, PC, F, or N/A unless otherwise specified	**Tank ID: _____**	**Tank ID: _____**	**Tank ID: _____**	**Tank ID:_____**
d. On a remote pumping system, is dispenser equipped with listed rigidly anchored emergency shut-off valve incorporating a fusible link or other thermally actuated device that is properly connected?				
e. Is emergency shut-off valve installed at base of each individual island-type dispenser? (*for pressurized piping only*)				
f. Is emergency shut-off valve tight, dry and not leaking?				
g. Is dispenser in good condition and properly secured to pump island?				
h. Dispenser is <u>not</u> leaking product.				
i. Has hold open device been removed from nozzle?				

Note: question i is applicable only to marinas and self-serve stations with vacuum assisted Stage II

Summary for Dispenser Information	*Passes if questions a - j are Pass or N/A*			
j. Roll-up for Dispenser Information				

k. Itemized List of Deficiencies/Corrections (list by question number; continue on separate attachment, if necessary):

l. Itemized List of Recommendations (list by question number; continue on separate attachment, if necessary):

Continue to Next Page ►

E. Leak Detection

1.0 Tank and Piping Leak Detection Equipment

Note: All tanks installed on or after 1/1/1989 must have interstitial monitoring.

	Tank ID: ____	Tank ID: ____	Tank ID: ____	Tank ID:____
a. Indicate **tank** leak detection in use (C*omplete each applicable subsection):*				
Automatic Tank Gauging (ATG, static/continuous)	☐	☐	☐	☐
Interstitial Space Monitoring	☐	☐	☐	☐
Statistical Inventory Reconciliation (SIR)	☐	☐	☐	☐
Soil Vapor Monitoring	☐	☐	☐	☐
Not Applicable	☐	☐	☐	☐
None	☐	☐	☐	☐
b. If Not Applicable or None, please describe				
c. Type of **pipe** leak detection *(check all that apply)*:				
Interstitial Space Monitoring	☐	☐	☐	☐
Automatic Line Leak Detector (ALLD)	☐	☐	☐	☐
Statistical Inventory Reconciliation (SIR)	☐	☐	☐	☐
Soil Vapor Monthly Monitoring	☐	☐	☐	☐
Line Tightness Test	☐	☐	☐	☐
Not Applicable	☐	☐	☐	☐
Other	☐	☐	☐	☐
d. If Other or Not Applicable, please describe				

Notes:
- All pressurized piping needs ALLD *and* one other Leak Detection Method.
- All pressurized piping installed on or after 1/1/1989 needs interstitial space monitoring.
- Non-European Suction needs either interstitial space monitoring or line tightness test.
- Exempt piping such as European suction does not require line tightness testing.

2.0 Automatic Tank Gauging (ATG) – for tanks only

If this Section is not needed, check box: ☐

Enter P, PC, F, or N/A unless otherwise specified	Tank ID: ____	Tank ID: ____	Tank ID: ____	Tank ID:____
a. Type of ATG:				
Static	☐	☐	☐	☐
Continous (CSLD)	☐	☐	☐	☐
b. Console Make				
c. Console Model Number				
d. Is ATG listed on NWGLDE website? (http://www.nwglde.org/)?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
e. At time of inspection, was ATG turned on and operational?				
f. For static ATG *only*: Is ATG six-hour in-tank test performed and passed at least monthly?				
g. Date of most recent equipment certification (MM/DD/YYYY)				

Note: minimum performance standards: detecting a leak of 0.2 gph with probability of detection set at 0.95 and probability of false alarm set at 0.05.

Continue to Next Page ►

E. Leak Detection (continued)

2.0 Automatic Tank Gauging (ATG) (continued)

Note: Certification indicates system is calibrated, operated and maintained

Enter P, PC, F, or N/A unless otherwise specified	**Tank ID: ____**	**Tank ID: ____**	**Tank ID: ____**	**Tank ID:____**
h. Since last TPI inspection, have equipment certifications been done at required frequency as specified by manufacturer?				

Summary for Automatic Tank Gauging (ATG)	Passes if questions d – f and h are Pass or N/A			
i. Roll-up for ATG				

j. Itemized List of Deficiencies/Corrections (list by question number; continue on separate attachment, if necessary):

k. Itemized List of Recommendations (list by question number; continue on separate attachment, if necessary):

3.0 Interstitial Space Monitoring for Tanks and Piping

If this Section is not needed, check box: ☐

Enter P, PC , F , or N/A unless otherwise specified	**Tank ID** ____	**Pipe**	**Tank ID** ____	**Pipe**	**Tank ID** ____	**Pipe**	**Tank ID** ____	**Pipe**
a. Interstitial space monitoring system is:								
Manual	☐	☐	☐	☐	☐	☐	☐	☐
Electronic	☐	☐	☐	☐	☐	☐	☐	☐
b. Interstitial space is filled with:								
Liquid (Brine)	☐	☐	☐	☐	☐	☐	☐	☐
Air (Dry)	☐	☐	☐	☐	☐	☐	☐	☐
Pressure/Vacuum	☐	☐	☐	☐	☐	☐	☐	☐
Other	____	____	____	____	____	____	____	____
c. Type of interstitial sensor in use:								
Liquid	☐	☐	☐	☐	☐	☐	☐	☐
Discriminating	☐	☐	☐	☐	☐	☐	☐	☐
Pressure	☐	☐	☐	☐	☐	☐	☐	☐
d. Console Make								
e. Console Model Number								
f. Sensor Make								

Continue to Next Page ►

E. Leak Detection (continued)

3.0 Interstitial Space Monitoring for Tanks and Piping (continued)

Enter P, PC , F , or N/A unless otherwise specified	Tank ID ____	Pipe	Tank ID ____	Pipe	Tank ID ____	Pipe	Tank ID ____	Pipe
Note: (http://www.nwglde.org/) g. Is interstitial space monitoring system listed on NWGLDE website?								
h. At time of inspection, was system turned on and operational?								
i. For manual systems only, is system checked for leaks at least monthly?								
Note: Certification indicates system is calibrated, operated and maintained according to manufacturer manuals and recommendations j. Date of most recent equipment certification (MM/DD/YYYY)								
k. Since last TPI inspection, have equipment certifications been done at required frequency as specified by manufacturer?								
l. Do records show evidence of a leak or malfunction in interstitial space ?								
m. Are tank and piping sump(s) clear and free from debris and liquid and are the sump sensors properly positioned?								
n. Are tank and piping sump(s) accessible to allow owner/operator to check for presence of water or product?								
Note: best practice o. Is there an up-to-date written log of sump checks?								
p. Is the test boot operational in such a way that it allows product to flow to sump?								

Summary for Interstitial Space Monitoring	*Passes if questions g –i, k,and m – q are Pass or N/A*							
q. Roll-up for Interstitial Space Monitoring								

r. Itemized List of Deficiencies/Corrections (list by question number; continue on separate attachment, if necessary):

s. Itemized List of Recommendations (list by question number; continue on separate attachment, if necessary):

Continue to Next Page ►

E. Leak Detection (continued)

4.0 Statistical Inventory Reconciliation (SIR) for Tanks and Piping

If this Section is not needed, check box: ☐

Enter P, PC , F , or N/A unless otherwise specified	Tank ID ____	Pipe	Tank ID ____	Pipe	Tank ID ____	Pipe	Tank ID ____	Pipe
a. Method Name								
b. Is SIR method capable of detecting a leak of 0.2 gph with probability of detection set at 0.95 and probability of false positive set at 0.05?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
c. Is there documentation of analysis being performed by third party certified in statistical inventory reconciliation?								
d. Name of certified third party performing SIR Analysis								
e. Through use of approved in-tank monitoring system, has facility prepared, reconciled, and maintained daily inventory control records for each tank?								
f. Does tank gauge installed in tank used to generate data for SIR analysis have a resolution of 1/10 of an inch or better?								
g. Is tank gauge stick readily available and can it be read clearly to 1/8 of an inch?								
h. Are SIR results kept on site or readily available for review?								
i. Are SIR results received by owner from vendor within 30 days of data submittal?								
j. Do SIR results indicate a sufficient amount of data was used to perform leak check?								

Summary for Statistical Inventory Reconciliation (SIR)	*Passes if questions b, c and e –j are Pass or N/A*							
k. Roll-up for SIR								

l. Itemized List of Deficiencies/Corrections (list by question number; continue on separate attachment, if necessary):

m. Itemized List of Recommendations (list by question number; continue on separate attachment, if necessary):

Continue to Next Page ►

E. Leak Detection (continued)

5.0 Soil Vapor Monitoring for Tanks and Piping

If this Section is not needed, check box: ☐

Enter P, PC, F, or N/A unless otherwise specified	Tank ID ____	Pipe	Tank ID ____	Pipe	Tank ID ____	Pipe	Tank ID ____	Pipe
a. Soil Vapor Monitoring Frequency (*check only one)*: Monthly Continuous Other	☐ ☐ ____	☐ ☐ ____	☐ ☐ ____	☐ ☐ ____	☐ ☐ ____	☐ ☐ ____	☐ ☐ ____	☐ ☐ ____
b. Was monitoring done at specified frequency?								
c. Console Make								
d. Console Model Number								
e. Is soil vapor monitor listed on NWGLDE website? (http://www.nwglde.org/)								
f. Based on documentation, is material used as backfill sufficiently porous (e.g. pea gravel or sand) to readily allow diffusion of vapors from releases into excavation zone?								
g. Is site evaluation report on site verifing above information and that background contamination will not interfere with vapor monitoring?								
h. Are vapor monitors checking the excavation zone from any portion of tank and piping that routinely contains product?								

Summary for Soil Vapor Monitoring	*Passes if questions b, and e – h are Pass or N/A*							
i. Roll-up for Soil Vapor Monitoring								

j. Itemized List of Deficiencies/Corrections (list by question number; continue on separate attachment, if necessary):

k. Itemized List of Recommendations (list by question number; continue on separate attachment, if necessary):

Continue to Next Page ►

E. Leak Detection (continued)

6.0 Automatic Line Leak Detectors (ALLD) for Pressurized Piping Only

If this Section is not needed, check box: ☐

Enter P, PC , F , or N/A unless otherwise specified	**Tank ID: ____**	**Tank ID: ____**	**Tank ID: ____**	**Tank ID:____**
a. Automatic line leak detector type: Electronic Mechanical N/A	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
b. ALLD Make/Manufacturer				
c. Is ALLD listed on NWGLDE website for use with type of piping installed? (http://www.nwglde.org/)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
d. Is the ALLD operational?				
e. Is entire piping system covered by the ALLD?				
f. Can ALLD detect 0.1 gph at 1.5 times the operating pressure with 100% probability of detection and 0% probability of false alarm?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
g. If Yes, is there documentation that facility utilized this 0.1 gph leak detection capacity of the ALLD in lieu of the annual line tightness test?				
h. Since last TPI inspection, has annual operation test of ALLD been done at required frequency?				
i. Date of most recent annual test (MM/DD/YYYY)				

Summary for Automatic Line Leak Detector (ALLD)	*Passes if questions c – i are Pass or N/A*			
j. Roll-up for ALLD				

k. Itemized List of Deficiencies/Corrections (list by question number; continue on separate attachment, if necessary):

l. Itemized List of Recommendations (list by question number; continue on separate attachment, if necessary):

Continue to Next Page ►

E. Leak Detection (continued)

7.0 European Suction (Piping Only)

If this Section is not needed, check box: ☐

Note: If questions a through c are "F", then system is not an exempt European Suction system.

Enter P, PC, F, or N/A unless otherwise specified	**Tank ID: ____**	**Tank ID: ____**	**Tank ID: ____**	**Tank ID: ____**
a. Is there documentation or other evidence indicating that piping slopes back to tank and operates under atmospheric pressure or less? (e.g. design plans, as-built plans, FD approvals).				
b. Is only one check valve used?				
c. Is check valve directly under dispensing pump?				
d. If European Suction system indicated a potential symptom of a leak, were all required notification, testing and/or investigative procedures followed?				

Summary for European Suction Pipe	*Passes if questions a – d are Pass*			
e. Roll-up for European Suction				

f. Itemized List of Deficiencies/Corrections (list by question number; continue on separate attachment, if necessary):

g. Itemized List of Recommendations (list by question number; continue on separate attachment, if necessary):

8.0 Periodic Tightness Testing for Tanks, Pressurized Piping, & Non-European Suction

If this Section is not needed, check box: ☐

Enter P, PC , F , or N/A unless otherwise specified	**Tank ID** ____	**Pipe**	**Tank ID** ____	**Pipe**	**Tank ID** ____	**Pipe**	**Tank ID** ____	**Pipe**
a. Does the test method meet EPA's and MassDEP's criteria of 0.1 gph tightness test?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
b. Tank test procedure name								
c. Date of most recent tank tightness test (MM/DD/YYYY)								
d. Did tank pass its most recent test?								
e. Is tank tightness tested every two years *(for SIR leak detection only)*?								

Continue to Next Page ►

E. Leak Detection (continued)

8.0 Periodic Tightness Testing for Tanks, Pressurized Piping, & Non-European Suction (continued)

Note: Double-walled piping with interstitial monitoring or piping with ALLD and soil vapor monitoring, SIR or an ALLD that can test at 0.1gph is exempt from annual tightness testing.

Enter P, PC , F , or N/A unless otherwise specified	Tank ID ____	Pipe	Tank ID ____	Pipe	Tank ID ____	Pipe	Tank ID ____	Pipe
f. Piping test procedure name								
g. Is piping tightness test conducted annually *(for pressurized piping only)*?								
h. Is piping tightness test conducted every 3 years *(non-European suction piping without IM only)?*								
i. Date of most recent piping tightness test (MM/DD/YYYY)								
j. Did the piping pass its most recent test?								
k. Are most recent tank and piping tightness test results on site or readily available?								
l. If tank/piping failed tightness testing, were all required notification, testing and/or investigation procedures followed?								

Summary for Periodic Tightness Testing	*Passes if questions a, d, e, g, h, and j – l are Pass or N/A*							
m. Roll-up for Periodic Tightness Testing (include results from 6.0)								

n. Itemized List of Deficiencies/Corrections (list by question number; continue on separate attachment, if necessary):

o. Itemized List of Recommendations (list by question number; continue on separate attachment, if necessary):

Continue to Next Page ►

E. Leak Detection (continued)

9.0 Leak Detection Records *(Answer for all Tank & Piping Leak Detection Types)*

If this Section is not needed, check box: ☐

Note: Records, such as leak detection monitoring records, calibration results, maintenance and repair of leak detection equipment, etc.

Enter P, PC, F, or N/A unless otherwise specified	**Tank ID** ____	**Pipe**	**Tank ID** ____	**Pipe**	**Tank ID** ____	**Pipe**	**Tank ID** ____	**Pipe**
a. Are all system maintenance records on site or readily available for review?								
b. Does facility take a confirmatory water measurement at least once a month?								
c. Are all release detection records on site or readily available for review?								
d. Do release detection records indicate operation without evidence of a leak of a malfunction in the last 12 months?								
e. Number of inconclusive months in the last 12 months								
f. Number of failed months in the last 12 months								
g. For any inconclusive or failed month(s), were all required notification, testing and/or investigation procedures followed?								
h. For any inconclusive or failed month(s), are there records which indicate the system and/or its components were repaired or replaced?								

Summary for Leak Detection Records	*Passes if questions a – h are Pass or N/A*							
i. Roll-up for Leak Detection Records								

j. Itemized List of Deficiencies/Corrections (list by question number; continue on separate attachment, if necessary):

k. Itemized List of Recommendations (list by question number; continue on separate attachment, if necessary):

Continue to Next Page ►

F. Overfill Prevention & Spill Containment/Prevention

1.0 General

Enter P, PC, F, or N/A unless otherwise specified	**Tank ID: ____**	**Tank ID: ____**	**Tank ID: ____**	**Tank ID:____**
a. Is an overfill prevention device installed?	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A
b. Is a spill containment device installed?	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A
c. How is the UST filled? Gravity Flow / Pumped Flow	☐ / ☐	☐ / ☐	☐ / ☐	☐ / ☐
d. Is filler pipe installed and functional?				
e. Is filler pipe without any observed abnormalities, especially at the connection to tank and spill containment device?				

Note: For example: bent drop tubes, cracks or holes.

2.0 Overfill Prevention Device

If this Section is not needed, check box: ☐

Enter P, PC, F, or N/A unless otherwise specified	**Tank ID: ____**	**Tank ID: ____**	**Tank ID: ____**	**Tank ID:____**
a. Indicate overfill prevention device installed *(check all that apply)*: Automatic Shut-Off Float Valve (AS) / Ball Float Valve (BFV) / High Level Alarm (HLA) / Other / None	☐ / ☐ / ☐ / ☐ / ☐	☐ / ☐ / ☐ / ☐ / ☐	☐ / ☐ / ☐ / ☐ / ☐	☐ / ☐ / ☐ / ☐ / ☐
b. If None or Other, please explain				
c. Does owner/operator have in place procedures to ensure that releases due to spilling or overfilling do not occur?				
d. **AS** *only*: Is automatic shut-off float valve installed to automatically shut off flow into tank when tank is no more than 95 percent full?				
e. **AS** *only***:** Does visual observation indicate that fill drop tube is unobstructed by anything that would render the shut-off device ineffective?				
f. **BFV** *only*: Is ball float valve installed to alert individual delivering product by restricting flow into tank when tank is no more than 90 percent full?				

Note: For example: product is measured before each delivery to ensure enough room in tank for product; all fuel deliveries are monitored.

Note: If you selected Automatic Shut Off Valve (AS), complete d and e.

Note: If you selected Ball Float Valve (BFV), complete f and g.

Continue to Next Page ►

F. Overfill Prevention & Spill Containment/Prevention (continued)

2.0 Overfill Prevention Device (continued)

Enter P, PC, F, or N/A unless otherwise specified	**Tank ID: _____**	**Tank ID: _____**	**Tank ID: _____**	**Tank ID:_____**
g. **BFV** *only***:** Is valve and/or vent restrictor material compatible with UST system configuration, product, delivery and use?				
h. **HLA** *only***:** Is high level alarm installed to trigger a high level alarm to alert individual delivering the product when tank is no more than 90 percent full?				
i. **HLA** *only*: Is alarm audible or visible to driver at point of transfer?				

Note: If you selected High Level Alarm (HLA), complete h and i .

Summary for Overfill Prevention Device	*Passes if questions c – j are Pass or N/A*			
j. Roll-up for Overfill Prevention Device				

k. Itemized List of Deficiencies/Corrections (list by question number; continue on separate attachment, if necessary):

l. Itemized List of Recommendations (list by question number; continue on separate attachment, if necessary):

3.0 Spill Containment Device

If this Section is not needed, check box: ☐

Enter P, PC, F, or N/A unless otherwise specified	**Tank ID: _____**	**Tank ID: _____**	**Tank ID: _____**	**Tank ID:_____**
a. Is this a pressure-filled system installed on or before 1/1/1989 and does the UST have audible alarm and tight connection? If Yes, no spill bucket is needed, skip to question g.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
b. Is size of spill bucket at least 3 gallons?				
c. Is spill bucket clean and free of debris, and liquid?				
d. Is spill *bucket* without any observed cracks, holes, or defects?				
e. Is spill *cover* without any observed cracks, holes, or defects?				
f. Are the records that demonstrate the facility properly stores and disposes of the spill bucket clean-out kept on site or readily available?				

Note: Minimum capacity for spill bucket is 3 gallons.

Note: Spill bucket clean-out managed in compliance with hazardous waste, waste oil, or industrial wastewater requirements.

Continue to Next Page ►

F. Overfill Prevention & Spill Containment/Prevention (continued)

3.0 Spill Containment Device (continued)

Enter P, PC, F, or N/A unless otherwise specified	**Tank ID: _____**	**Tank ID: _____**	**Tank ID: _____**	**Tank ID:_____**
g. Does this UST contain waste oil? If Yes, answer question below.	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
h. Is a removable funnel at least 12 inches in diameter used to prevent spillage when filling the waste oil tank?				

Summary for Spill Containment Device	*Passes if questions c – f and h are Pass or N/A*			
i Roll-up for Spill Containment Device				

j. Itemized List of Deficiencies/Corrections (list by question number; continue on separate attachment, if necessary):

k. Itemized List of Recommendations (list by question number; continue on separate attachment, if necessary):

Continue to Next Page ►

G. Corrosion Protection

1.0 Tank and Piping

Enter P, PC, F, or N/A unless otherwise specified	Tank ID ____	Pipe	Tank ID ____	Pipe	Tank ID ____	Pipe	Tank ID ____	Pipe
a. Does UST have corrosion protection?	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A	☐ Yes ☐ No ☐ N/A
b. Type of Corrosion Protection: Sacrificial Anode / Impressed Current	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐ ☐	☐ ☐
c. Are any metallic product pipe fittings in contact with soil?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
d. If Yes, are these pipe fittings cathodically protected?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
e. Are all records of system design plans, drawings, system certifications, calibrations, and surveys on site or readily available?								
f. Are all records of periodic test data and results on site or readily available?								

2.0 Galvanic or Sacrificial Anode

If this Section is not needed, check box: ☐

Enter P, PC, F, or N/A unless otherwise specified	Tank ID ____	Pipe	Tank ID ____	Pipe	Tank ID ____	Pipe	Tank ID ____	Pipe
a. Current frequency of periodic testing: Annual / Triennial (every 3 years)	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐	☐ ☐
b. Date of most recent Annual or Triennial Test (MM/DD/YYYY)								
c. Most recent test result *(enter all voltage readings)*								
d. Did corrosion protection system pass its *annual* or *triennial* test?								
e. Date of second most recent Annual or Triennial Test (MM/DD/YYYY)								
f. Second most recent test result *(enter all voltage readings)*								
g. Is system being tested at correct frequency?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

Note: Negative Voltage readings:
- Equals: -0.90V (test every 3 years).
- Between: -0.85 and -0.90V (test annually).
- Less than -0.85 V (inadequate; investigate).

Continue to Next Page ►

G. Corrosion Protection (continued)

2.0 Galvanic or Sacrificial Anode (continued)

Enter P, PC, F, or N/A unless otherwise specified	Tank ID ____	Pipe	Tank ID ____	Pipe	Tank ID ____	Pipe	Tank ID ____	Pipe
h. Was corrosion protection system tested within 60 days of any replacements and substantial modifications to UST system or following any excavation on the property that may have affected the corrosion protection system? If Yes, answer question below.								
i. Did corrosion protection system pass the 60 day test? .								
j. For any failed tests, is there documentation on site (or available) that follow-up procedures were performed?								

Summary for Galvanic/ Sacrificial Anode	*Passes if questions d and g, - h are Pass or N/A*							
k. Roll-up for Galvanic/ Sacrificial Anode								

l. Itemized List of Deficiencies/Corrections (list by question number; continue on separate attachment, if necessary):

m. Itemized List of Recommendations (list by question number; continue on separate attachment, if necessary):

3.0 Impressed Current Type

If this Section is not needed, check box: ☐

Enter P, PC, F, or N/A unless otherwise specified	Tank ID ____	Pipe	Tank ID ____	Pipe	Tank ID ____	Pipe	Tank ID ____	Pipe
a. Does the corrosion protection system have power and is it turned on?								
b. Has corrosion protection system been inspected every 60 days?								
c. Are voltage and amperage readings recorded every 60 days and kept on-site or readily available?								
d. Date of most recent annual test (MM/DD/YYYY)								
e. Most recent annual test result (voltage & amperage readings)								

Continue to Next Page ►

G. Corrosion Protection (continued)

3.0 Impressed Current Type (continued)

Enter P, PC, F, or N/A unless otherwise specified	Tank ID ____	Pipe	Tank ID ____	Pipe	Tank ID ____	Pipe	Tank ID ____	Pipe
f. Did corrosion protection system pass its *annual* test?								
g. Was corrosion protection system tested within 60 days of any replacements and substantial modifications to UST system or following any excavation on the property that may have affected the corrosion protection system? If Yes, answer question below.								
h. Did corrosion protection system pass the 60 day test?								
i. For any failed tests, is there documentation on site (or available) that follow-up procedures were performed?								

Summary for Impressed Current Type	*Passes if questions a –c and f – i are Pass of N/A*							
j. Roll-up for Impressed Current								

k. Itemized List of Deficiencies/Corrections (list by question number; continue on separate attachment, if necessary):

l. Itemized List of Recommendations (list by question number; continue on separate attachment, if necessary):

H. Inventory Control & Reconciliation

Enter P, PC, F, or N/A unless otherwise specified	**Tank ID: _____**	**Tank ID: _____**	**Tank ID: _____**	**Tank ID:_____**
a. Primary inventory control method used: Manual Gauging (Dip Stick & Records) Mechanical Tank Gauge/Records Reconciliation Automatic Tank Gauge/Records Reconciliation	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐	☐ ☐ ☐
b. In the last 12 months, have tank product levels and water level readings been recorded daily when operating?				
c. Are actual sales, use, and receipts recorded daily?				
d. Is facility doing daily reconciliation of product inventory?				
e. Are inventory records reconciled monthly?				
f. Has the facility operated without any abnormal loss of product for the last 12 months?				
g. Was resolution of the abnormal loss performed in accordance with the regulations?				
h. Is tank gauge stick readily available and can it be read clearly to 1/8 of an inch?				
i. Does each tank have a calibration chart or automated calibration system to accurately calculate volume?				
j. If there are calibration tank charts, are they kept on site?				
k. Are readings taken *before* and *after* each delivery?				
l. Is there documentation to show for abnormal gains of water (water levels > 1 inch within 24 hours), the proper water removal procedures were followed?				
m. Does each dispenser meter have a current calibration from local and/or state authority?				
n. Are all applicable records for inventory control, system operation and maintenance on site or readily available?				

Note: daily inventory is not required on days when installation is not in operation, not to exceed 15 days

Note: 'Abnormal loss' is not explainable by spillage, temperature variation or other causes in excess of 0.5 percent of the volume of product dispensed over a calendar month.

Continue to Next Page ►

H. Inventory Control & Reconciliation (continued)

Summary for Inventory Control & Reconciliation	*Passesif questions b – n are Pass or N/A*			
q. Findings for Daily Inventory Control				

r. Itemized List of Deficiencies/Corrections (list by question number; continue on separate attachment, if necessary):

s. Itemized List of Recommendations (list by question number; continue on separate attachment, if necessary):

I. Reporting of Releases. Leaks or Suspected Leaks

Note: Records such as failed tightness tests, abnormal product loss records, etc.

Enter P, PC, F, or N/A unless otherwise specified	**Tank ID: ____**	**Tank ID: ____**	**Tank ID: ____**	**Tank ID:____**
a. During inspection, did you, either through observation of site conditions or upon record review, identify any leaks or suspected leaks?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
b. If Yes, did you inform the Owner/operator of your direct observations?	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
c. Since last TPI inspection, are there records that indicate response to any leaks or suspected leaks?				

Summary for Reporting of Releases. Leaks or Suspected Leaks	Passes if question care is Pass or N/A			
i. Roll-up for Releases, Leaks or Suspected Leaks				

j. Itemized List of Deficiencies/Corrections (list by question number; continue on separate attachment, if necessary):

k. Itemized List of Recommendations (list by question number;continue on separate attachment, if necessary):

Continue to Next Page ►

UST - Third-Party Inspection Form

MassDEP Facility Account #

DFS Facility ID #

J. Inspection Summary Results

Enter P, PC, F, or N/A	**Tank ID: _____**	**Tank ID: _____**	**Tank ID: _____**	**Tank ID:_____**
Permit and Tank Status Information (page 3)				
Drinking Water Supply (page 3)				
Product Pipe Construction and Condition (page 6)				
Temporarily Out of Service (page 7)				
Removed, Permanently Closed In Place, or Not Registered/Not in Use (page 8)				
UST Installation Compliance (page 9)				
Dispenser Information (page 10)				
Automatic Tank Gauging (ATG) (page 12)				
Interstitial Space Monitoring (Tank and Piping) (page 13)				
Statistical Inventory Reconciliation (SIR) (page 14)				
Soil Vapor Monitoring (page 15)				
Automatic Line Leak Detector (ALLD) (page 16)				
European Suction Pipe (page 17)				
Periodic Tightness Testing (page 18)				
Leak Detection Records (page 19)				
Overfill Prevention Device (page 21)				
Spill Containment Device (page 22)				
Galvanic/ Sacrificial Anode (page 24)				
Impressed Current Type (page 25)				
Inventory Control and Reconciliation (page 27)				
Reporting of Releases. Leaks or Suspected Leaks (page 28)				

Continue to Certification Statements ►

Massachusetts Department of Environmental Protection
Bureau of Waste Prevention
Underground Storage Tank (UST) Program
UST - Third-Party Inspection Form

MassDEP Facility Account #

DFS Facility ID #

K. Certification Statements

1.0 Third-Party Inspector (TPI) Certification

"I attest under penalties of law:

(i) that I am a registered Third-Party Inspector;

(ii) that I personally performed this inspection of the UST facility in accordance with 527 CMR 9.00, and having fully completed this report, believe the contents and all attachments to be true and accurate as of the time of the inspection; and

(iii) that, based on my inquiry of those individuals responsible for obtaining necessary information to complete this submittal, this information is, to the best of my knowledge, true, accurate, and complete.

I am aware that there are significant penalties including, but not limited to, possible fines and imprisonment for submitting false, inaccurate, or incomplete information."

a. Print First Name of TPI

b. Print Last Name of TPI

c. Signature of TPI

d. TPI Registration Number

e. Date Signed (MM/DD/YYYY)

2.0 Owner/Operator TPI Inspection Report Review and Financial Responsibility Certification

Per Occurrence Coverage:
•Between $500,000 & $1 Million (for throughput of 10,000 Gals or Less).
•$1 Million or Higher (throughput greater than 10,000 Gals and for all petroleum marketers).

Aggregrate Coverage:
•Between $1 Million & $2 Million (100 or fewer tanks).
•$2 Million or Higher (greater than 100 tanks).

"I attest under penalties of law:

a. that I am the owner or operator of this UST facility;

b. that for all USTs at the facility that are subject to the financial responsibilities requirements of 40 CFR Parts 280 and 281:
   i. documents (instruments) demonstrating financial responsibility are either kept on-site or readily available,
   ii. each financial responsibility instrument is current (valid) and up to date,
   iii. the total current value meets the minimum Per Occurrence coverage requirement, and
   iv. the total current value meets the minimum Aggregrate coverage requirement.

c. that I have personally read this inspection report and understand it's contents, including all attachments, deficiencies and recommendations and

d. that I am fully authorized to make this attestation on behalf of this facility.

I am aware that there are significant penalties including, but not limited to, possible fines and imprisonment for submitting false, inaccurate, or incomplete information."

a. Print First Name of Owner/Operator

b. Print Last Name of Owner/Operator

c. Signature of Owner/Operator

d. Date Signed (MM/DD/YYYY)

e. Source of Signatory Authority (check only one box below)

If a Corporation:
- i. ☐ President
- ii. ☐ Secretary
- iii. ☐ Treasurer
- iv. ☐ Vice President (if authorized by corporate vote)
- v. ☐ Representative of the above (if authorized by corporate vote)

If a Partnership:
- vi. ☐ General Partner

If a Sole Proprietorship:
- vii. ☐ Proprietor

If a Municipality or Public Agency:
- viii. ☐ Principal Executive Officer
- ix. ☐ Ranking Elected Official (empowered to enter into contracts on behalf of the municipality or public agency)